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Correspondence
✉ imtiazdpt@gmail.com

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The Essential Role of Multidisciplinary Teamwork in Addressing Emerging Health Challenges

Syed Imtiaz Hussain Shah[1]

[1] Revital Health Physiotherapy & Massage, Wellness and Fitness Services, Calgary, Alberta, Canada

EDITORIAL

Modern healthcare is unavoidably complex. Patients present with multimorbidity, care pathways cut across institutions, and no single profession can meet these demands alone. Multidisciplinary and interprofessional teams are therefore indispensable. Yet despite their promise, collaboration within such teams is too often undermined by fragile communication, entrenched hierarchies, and organisational inertia (Sangaleti et al., 2017; Zajac et al., 2021; Geese and Schmitt, 2023). These problems are not new, but their persistence shows that the barriers are embedded in the very structures of healthcare delivery rather than in the willingness of professionals to cooperate.

Communication remains the cornerstone of teamwork. Studies consistently show that trust, respect, and everyday sociability underpin integration (Sangaleti et al., 2017), while accountability and decision-making collapse without robust communication processes (Zajac et al., 2021). In trauma care, failures in communication and unstable team composition have been directly linked to avoidable errors (Courtenay et al., 2013). Likewise, poor information flow during patient transitions, worsened by the absence of digital reporting tools, leaves gaps that endanger safety (Geese and Schmitt, 2023). Rosen et al. (2018) remind us that almost every breakthrough in healthcare safety and quality has been tied to better teamwork, making the case that communication is not a peripheral skill but a clinical imperative.

Equally urgent are the structural barriers that lock professionals into silos. Ethnographic research from Italian stroke units shows how disciplinary boundaries and hierarchical power dynamics build "invisible walls" between doctors and nurses, undermining integration even in teams designed to be collaborative (Liberati et al., 2016). Reviews confirm that organisational culture, leadership structures, and professional identities reinforce this separation across diverse health systems (Karam et al., 2018). When remuneration fails to value coordination and reporting systems do not support shared decisions, collaboration is institutionally discouraged (Geese and Schmitt, 2023). It is time for policymakers and health leaders to acknowledge that exhorting professionals to "work together" is meaningless if the systems in which they operate continue to reward separation.

Team dynamics illustrate the same tension. Effective collaboration depends on mutual respect and recognition of each discipline's contribution (Sangaleti et al., 2017; Karam et al., 2018). Yet many teams remain multiprofessional rather than truly interprofessional, with individuals performing tasks in parallel rather than sharing accountability (Courtenay et al., 2013). Nurses in particular often describe both the value of collaboration and their frustration with inadequate preparation for interdisciplinary work (Simmons and Sherwood, 2010). Without deliberate investment in interprofessional education and role integration, teams risk reproducing the very hierarchies they aim to overcome.

Yet the literature is not entirely pessimistic. Evidence also points toward workable strategies. Training in negotiation, structured communication planning, and team coaching can transform conflict into constructive dialogue (Zajac et al., 2021). Stability of team membership and supportive, non-authoritarian leadership strengthen collaboration in high-risk environments (Courtenay et al., 2013). Remuneration systems and digital platforms that institutionalise coordination represent practical organisational reforms (Geese and Schmitt, 2023). Building trust and bridging disciplinary resistance, as highlighted in ethnographic accounts (Liberati et al., 2016), are equally crucial. Still, significant gaps remain: multiteam systems in complex areas such as cancer care continue to operate without robust frameworks to guide integration (Chollette et al., 2021).

The message is clear. Interprofessional collaboration is not a rhetorical flourish but a practical necessity for safe, effective, and humane healthcare. Health systems must move beyond incremental fixes and confront the structural barriers that continue to divide professions. Investment in communication, leadership, and organisational redesign is urgent—not optional. Without such systemic change, teams will remain multidisciplinary in composition but fragmented in practice.

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